

**CalCEEPS TELEPHONE QUESTIONNAIRE  
REVISED QUESTIONNAIRE, FINAL (PENDING APPROVAL) (3/9/99)  
CHILDREN'S TELEPHONE SURVEY (202238)**

NOTE TO INTERVIEWERS: ADDITIONAL QUESTIONS ABOUT THIS SURVEY CAN BE DIRECTED TO SUE FOERSTER, CALIFORNIA DEPARTMENT OF HEALTH SERVICES, (916) 322-1520.

ASK FOR PARENT/HEAD OF HOUSEHOLD:

Hello. My name is \_\_\_\_ from Market Facts Research. I am calling on behalf of the California Department of Health Services. You and your \_\_\_\_ year-old child recently completed a survey for Market Facts. As you may recall, your child identified various foods that he or she eats as well as his or her exercise habits. We are conducting follow-up interviews with children who participated in this important study. We want to ask your child what he/she thinks about healthy eating and exercise. The interview will take about 10 minutes. Many children like to participate in this kind of study because their opinion will be used to design health programs for children like themselves, and it makes the child feel important. This survey is confidential, and information about your child will not be disclosed. You or your child may stop the interview at any time, and he/she does not have to answer any questions that he or she does not want to answer. May we speak with your \_\_\_\_-year old child?

- 1        YES/CHILD AT HOME – CONTINUE INTERVIEW WITH CHILD
- 2        YES/CHILD NOT AT HOME: When may I call back?  
(RECORD APPROPRIATE DATE/TIME FOR APPOINTMENT.)
- 3        NO; For what reasons do you not want your child participating in this interview? RECORD VERBATIM.

WHEN SPEAKING WITH CHILD:

Hello. My name is \_\_\_\_ from Market Facts Research. I work for the company that asked you to write down, in a booklet, the different types of foods you eat and the amount of exercise you get. We are asking you these questions because the California Department of Health Services wants to know what you think. Your answers to my questions will be used to plan healthy eating and exercise programs for children like you. Your ideas are very important to us. Your answers will be combined with other children's so that after this interview we will not be able to tell which answers were yours, and your answers will always be kept confidential. You can stop the interview whenever you want, and you do not have to answer questions that you don't want to answer. This will take about 10 minutes.

VERIFY FROM RECORDS:

- A. Just to check, are you the \_\_\_\_ year-old boy/girl in your home who filled out our booklet?
- 1 YES; CONTINUE
  - 2 NO: May I speak with your mother or father? (RE-ASK FOR CHILD WHO PARTICIPATED IN STUDY.)
- B. I want to ask you how you feel about eating certain foods and exercising. Is now a good time?
- 1 YES; CONTINUE
  - 2 NO; When may I call back? (RECORD APPROPRIATE DATE/TIME FOR APPOINTMENT.)

As we talk, please keep in mind that there are no right or wrong answers to my questions.

1. Do you think you eat the right amount of fruits and vegetables every day, too much, or do you think you should you eat more?
- 1 RIGHT AMOUNT
  - 2 TOO MUCH
  - 3 NEED MORE
  - 4 NOT SURE
2. How many total servings of fruits, fruit juice, vegetables, or salads do you think you should eat every day for good health? PAUSE That's a combined total of fruits, fruit juices, vegetables or salads. DO NOT ACCEPT A RANGE. PROBE FOR A NUMBER. ADD PROBE.

\_\_\_\_ NUMBER OF SERVINGS

00 NONE

99 DON'T KNOW/REFUSED

3. About how many glasses or servings of milk do you think you **should** drink each day for good health? IF ASKED: 8 ounces is a serving. DO NOT ACCEPT A RANGE. PROBE FOR A NUMBER. ADD PROBE.

\_\_\_\_ NUMBER OF SERVINGS

00 NONE

99 DON'T KNOW/REFUSED

4. During the school week, who most often (INSERT STATEMENT) for you? Is it usually your mom, dad or some other adult, (PAUSE) do you make it yourself, (PAUSE) do you and your mom, dad or some other adult make it together, (PAUSE) or is it served at school? CLARIFY IF MORE THAN ONE ANSWER: Who is it that does this most often? IF RESPONDENT VOLUNTEERS, “WITH ANOTHER CHILD” OR “WITH NON-ADULT BROTHER/SISTER,” CODE AS 4.

	Mom/ Dad/ Adult	Child Alone	Both Adult & Child	Child with Child	School	Don't Eat	Don't Know	Other (Record “other”)
Makes breakfast?	1	2	3	4	5	6	7	8
Makes lunch?	1	2	3	4	5	6	7	8
Makes after - school snacks?	1	2	3	4	5	6	7	8
Makes dinner or supper?	1	2	3	4	5	6	7	8
Makes evening or after-supper snacks?	1	2	3	4	5	6	7	8

5. Please name the type of packaged breakfast cereal that’s “healthy” for you. IF ONLY A BRAND/MANUFACTURER’S NAME GIVEN (I.E., “TYPE” CANNOT BE DETERMINED), ASK: What type of cereal is it. For example, a type of cereal is “corn flakes.”

What is the type of cereal?

\_\_\_\_NAME  
999 DON'T KNOW

6. Does your school: ROTATE.

	YES	NO	DON'T KNOW
Have a soda vending machine that students can use?	1	2	3
Have a vending machine filled with snacks, chips, cookies or candy that students can use?	1	2	3
Cafeteria serve students fast food made by restaurants like McDonald's, Burger King, Taco Bell, or Pizza Hut?	1	2	3

7. For each statement that I read to you, please tell me if this describes you or not. Do you agree or disagree that this statement describes you? WHEN ANSWERED, ASK: Do you agree/disagree strongly or somewhat? ROTATE.

	--Agree--		--Disagree--		
	Strongly Agree	Some-what Agree	Some-what Disagree	Strongly Disagree	Don't Know
Your parents buy the brand of breakfast cereal you like.	1	2	3	4	5
Your parents buy the types of fruits and vegetables that you like.	1	2	3	4	5
You want to have fruit for an afternoon snack.	1	2	3	4	5
Your parents drink milk.	1	2	3	4	5
Your parents eat lots of fruits or vegetables.	1	2	3	4	5
Your parents eat high-fat foods like French fries, chips, or desserts.	1	2	3	4	5
Your parents ask you what school is teaching you about nutrition and health.	1	2	3	4	5
Your parents tell you why eating "healthy" is important.	1	2	3	4	5
Your friends at school usually eat healthy foods.	1	2	3	4	5
Your parents say something nice to you when you eat "healthy" foods.	1	2	3	4	5
You get rewarded at school for completing activities about nutrition.	1	2	3	4	5

8. Which one of the following types of restaurants is your favorite type? Is it: ROTATE.

- 1 Fast food restaurants,
- 2 Buffet-style restaurants, or
- 3 Table service restaurants where you order from a menu and a waiter or waitress serves you?
- 4 ALL OF THE ABOVE (VOLUNTEERED)
- 5 SOMETHING ELSE; SPECIFY: \_\_\_\_\_
- 6 DON'T KNOW/REFUSED

9. In the past week, about how often did you eat at a fast food restaurant such as McDonald's, Pizza Hut, Burger King, KFC (Kentucky Fried Chicken), Wendy's, and so on?

\_\_\_\_\_ NUMBER OF TIMES LAST WEEK

00 NONE/NEVER

99 DON'T KNOW

10. When you and your family decide to eat a meal at any type of restaurant, who usually picks the restaurant? Is it you, your parents, your brothers or sisters, or all of you together? IF RESPONDENT SAYS, "IT VARIES," PROBE: Who usually decides?

1 You,

2 Your parents,

3 Your brothers or sisters, or

4 All of you together?

5 OTHER; SPECIFY: \_\_\_\_\_

6 DON'T EAT AT RESTAURANTS (VOLUNTEERED)

7 DON'T KNOW/REFUSED

11. About how many times **each week should** you exercise or be physically active for at least 30 minutes at a time? ADD PROBE.

\_\_\_\_\_ NUMBER OF TIMES

99 DON'T KNOW/REFUSED

12. Thinking of this most recent school year, where did you usually spend your time after school? Was it at: ROTATE. MULTIPLE RESPONSES ACCEPTABLE.

1 Home,

2 A friend's house,

3 A relative's house, or

4 Some type of day care or after-school program supervised by adults?

5 OTHER; SPECIFY: \_\_\_\_\_

6 DON'T KNOW/REFUSED

13. Not including recess, during your most recent school year, did you have any PE or gym classes that were taught by a teacher, coach, athletic instructor or some other type of adult teacher?

1 YES

2 NO – SKIP TO Q.16

3 NOT SURE – SKIP TO Q.16

IF “YES,” ASK:

14. About how often did you have to attend gym or physical education class? Was it: RECORD BELOW.
15. Thinking of a typical gym or PE class, for about how many minutes did each of these classes last when you had it ANSWER FROM Q. 14 ? RECORD ANSWER IN SPACE PROVIDED BELOW.

Question 14		Question 15	
1	Every day,		99
2	Four times a week,		
3	Three times a week,		
4	Two times a week,		
5	Once a week,		
6	Two to three times a month,		
7	Once a month, or		
8	Less often?		
9	DON'T KNOW/REFUSED		

EVERYONE:

16. For each statement that I read to you, please tell me if this describes you or not. Do you agree or disagree that this statement describes you? WHEN ANSWERED, ASK: Do you agree/disagree strongly or somewhat? ROTATE.

	--Agree--		--Disagree--		
	Strongly Agree	Somewhat Agree	Somewhat disagree	Strongly Disagree	Don't Know
You would rather play outdoors than watch TV right after school or during weekends.	1	2	3	4	5
Your parents ask you what school is teaching you about exercise and health.	1	2	3	4	5
You think you're good at most sports.	1	2	3	4	5
Your parents say something nice to you when you exercise a lot.	1	2	3	4	5
Your family exercises together by doing things like going to the park, playing sports or riding bikes.	1	2	3	4	5

17. During the past year, have you or not?

	YES	NO	DON'T KNOW
Taken any type of sports lesson, sports class or played on a sports team that was <u>not</u> part of your school PE or gym class?	1	2	3

IF "YES" TO Q.17, ASK:

18. What type of sports do you currently play or did you play during the past year?  
RECORD VERBATIM.

19. FOR EACH ITEM IN Q. 18, ASK: During what time of year do you usually play \_\_\_\_\_? Is it: winter, spring, summer or fall? CIRCLE ALL THAT APPLY.

--Q. 18--	--Q. 19--
TYPE OF SPORTS	TIME OF YEAR
	1 WINTER 2 SPRING 3 SUMMER 4 FALL 5 ALL SEASON – YEAR ROUND 6 OTHER; SPECIFY: 7 DON'T KNOW
	1 WINTER 2 SPRING 3 SUMMER 4 FALL 5 ALL SEASON – YEAR ROUND 6 OTHER; SPECIFY: 7 DON'T KNOW
	1 WINTER 2 SPRING 3 SUMMER 4 FALL 5 ALL SEASON – YEAR ROUND 6 OTHER; SPECIFY: 7 DON'T KNOW

EVERYONE:

20. Do you recall seeing or hearing any commercials that tried to encourage you to eat more fruits and vegetables? NOTE: GIVE NO OTHER INFORMATION.

- 1 YES
- 2 NO – SKIP TO Q.22
- 3 DON'T KNOW – SKIP TO Q.22

IF "YES," ASK:

21. What was the main idea of what you saw or heard?  
 PROBE: What else? Anything else?

CODE; DO NOT RECORD VERBATIM:

- 1 5 A DAY POWER PLAY – SKIP TO Q. 24**
- 2 EAT 5 SERVINGS OF FRUITS AND VEGETABLES EVERY DAY
- 3 HAVE A PHYSICALLY ACTIVE LIFESTYLE
- 4 EATING FRUITS AND VEGETABLES IS GOOD FOR YOUR HEALTH
- 5 OTHER COMMENTS RELATED TO FRUITS AND VEGETABLES
- 6 EAT A HIGH FIBER DIET
- 7 EAT A LOW-FAT DIET
- 8 ALL OTHER COMMENTS RELATED TO DIET, NUTRITION, HEALTHY EATING
- 9 ALL OTHER COMMENTS UNRELATED TO DIET, NUTRITION, HEALTHY EATING
- 10 DON'T KNOW/REFUSED

IF "NO" OR "DON'T KNOW" TO Q.20 OR CODE 1 NOT MENTIONED IN Q.21, ASK:

22. Do you recall seeing or hearing any commercials that promoted an educational program called 5 a Day Power Play?

- 1 YES
- 2 NO – SKIP TO END
- 3 DON'T KNOW/REFUSED – SKIP TO END



IF “YES,” ASK:

23. What was the main idea of what you saw or heard?  
 PROBE: What else? Anything else?

CODE; DO NOT RECORD VERBATIM:

- |          |   |
|----------|---|
| <b>1</b> | <b>5 A DAY POWER PLAY</b>                                       |
| 2        | EAT 5 SERVINGS OF FRUITS AND VEGETABLES EVERY DAY               |
| 3        | HAVE A PHYSICALLY ACTIVE LIFESTYLE                              |
| 4        | EATING FRUITS AND VEGETABLES IS GOOD FOR YOUR HEALTH            |
| 5        | OTHER COMMENTS RELATED TO FRUITS AND VEGETABLES                 |
| 6        | EAT A HIGH FIBER DIET   |
| 7        | EAT A LOW-FAT DIET  |
| 8        | ALL OTHER COMMENTS RELATED TO DIET, NUTRITION, HEALTHY EATING   |
| 9        | ALL OTHER COMMENTS UNRELATED TO DIET, NUTRITION, HEALTHY EATING |
| 10       | DON'T KNOW/REFUSED  |

FOR EVERYONE WHO RECALLS POWER PLAY (CODE 1 IN Q.21 OR “YES” IN Q.22), ASK:

24. What do you remember about the Five a Day Power Play commercials?  
 RECORD VERBATIM. PROBE: What else? Anything else?

END: Thank you! RECORD WITHOUT ASKING:

25. GENDER:

- |   |        |
|---|--------|
| 1 | MALE   |
| 2 | FEMALE |

OTHER DEMOGRAPHICS (CHILD'S AGE, HOUSEHOLD CHARACTERISTICS) PROVIDED BY MARKET FACTS. WE WILL BE ABLE TO ASSOCIATE EACH RESPONDENT'S ANSWER TO THE PHONE SURVEY WITH HIS/HER ANSWERS FROM THE FOOD/PHYSICAL ACTIVITY JOURNAL.

INTERVIEWER'S NAME:

DATE:

INTERVIEW LENGTH:

RESPONDENT'S NAME:

RESPONDENT'S TELEPHONE:

